

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580754

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6	(1)					
7	1					
8		(1)				
9		(1)				
10	(1)					
11	(1)					
12		1				
13			1			
14				1		
15					1	
16						1
17						
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23						
24		1				
25			1			
26				1		
27					1	
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47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	12	←	21	←	←	
TOTAL CLAIMS	14		23			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	
TOTAL CLAIMS						